

Vitalbalance Limited

Bank Close House

Inspection report

Hasland Road
Hasland
Chesterfield
Derbyshire
S41 0RZ

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Tel: 01246208833

Website: www.devonshirecare.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Bank Close is a care home that provides personal care for up to 27 people. The accommodation is across two sites joined by a glass walkway. The main building contains communal spaces which include two lounges, a dining area and a conservatory. There are several bathrooms and toilets throughout the two buildings. Bedrooms are in the upstairs of the main building and in the adjoining building. At the time of the inspection there were 23 people using the service.

People's experience of using this service:

At our last inspection we identified some areas which required improvement in relation to audits. At this inspection we saw some improvements had been made, however we found that these did not always offer the necessary information. This could have an impact on the care people received following an accident or incident as trends had not been identified. We found an error in the medicines, this had not been identified by the medicine audit. Audits were not consistently completed which raised concerns that the provider did not always have a robust system of quality monitoring.

People were supported by staff who know how to report any concerns and protect people from harm. There were enough staff to support people's needs and staff had been recruited safely. Staff had received training for their roles and this was ongoing to keep up to date with any changing guidance. Risks to people had been assessed and where appropriate, measures put in place to reduce the risks. The environment had been made safe and there were measures to reduce the risks of infections. People's medicine was managed safely and when events or incidents had occurred lessons were learnt and improvements made.

There was a homely feel and areas of the home had been refurbished. People were able to be part of the decision making in respect of the colour of the carpets in the home and what food they wished to be included on the menu. Dietary needs had been catered for and refreshments were available with snacks throughout the day. Health care was an integral part of the support provided and we saw that referrals had been made to a range of professionals. Any guidance they provided had been included and followed. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and compassion. Their needs were respected and they were able to choose how they spent their day. People's information was stored in accordance with confidentiality laws. Some people continued to access their spiritual needs from visiting churches to the home.

The care plans covered all aspects of people's care. The details included individual's care needs, any risks and their preferences. Staff felt supported and the provider had introduced new systems which supported the care plans to be more accessible and detailed. Information was available in different formats to support

people's understanding. The environment had been refurbished and people were able to personalise their own space. There was an opportunity to engage in interests and hobbies.

There was a registered manager who understood the requirements of their registration. The complaints policy was in place and people felt confident in raising any concerns. We had received notifications about events and incidents so we could monitor the action the provider had taken.

The registered manager had engaged in local partnerships to ensure people received a good experience with their health and well-being.

Rating at last inspection: Requires Improvement (Published January 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection which was 'Requires Improvement.' At this inspection we found the required improvements had been made and we have rated the home overall as 'Good'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Bank Close House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors

Service and service type:

Bank Close is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to provide some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with three people and four relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with three members of care staff, two senior care staff, the cook, the deputy and the registered manager. During the inspection we spoke with one visiting professionals from the local health care service. After our inspection we contacted another health care professional. There comment have been reflected in the report.

We reviewed a range of records. This included four people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- ☐ At our last inspection in December 2017 we found that the provider was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there were sufficient staff to support people's needs. At this inspection we found that the required improvements have been made. Staffing levels at the home were enough to ensure that people's needs could be met.
- ☐ People and relatives all said they felt there was enough staff. One relative said, "There are always staff available for [name]." We saw that the provider completed dependency assessments on each person so they could ensure the correct level of staff for the people's needs.
- ☐ The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Assessing risk, safety monitoring and management; Using medicines safely

- ☐ At our last inspection in December 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured medicines were managed safely or that the environment was made safe for people. At this inspection we found that the required improvements have been made.
- ☐ Medicines were managed safely. People had their medicines administered safely by competent and experienced staff.
- ☐ When administering the medicine, the senior staff member sat with the person and took time to support them. One person initially refused their medicine, the staff member accepted this, but then returned ten minutes later. On that occasions, they were happy take their medicine.
- ☐ People had a choice of drink to aid them to take their pills and we heard the senior explained what the medicine was for.
- ☐ Medicines were stored safely and there were no gaps on the medicine administration records (MAR). Photographs were on the front section of the MAR and this also detailed any known allergies.
- ☐ Topical creams were dated on opening and rotational charts were in place for any pain relieving or medicine patches.
- ☐ Risk assessments were in place which covered individual needs and the home environment. We saw that when people required support to move with equipment this had been assessed by a professional and their guidance embedded into the care plan.
- ☐ Other risks in association with falls had also been considered. We saw that some people used silent safety alerts, which identified when people moved and alerted staff to respond swiftly.

- Some people were at risk of poor nutritional intake. We saw for these people the staff monitored their food and fluid and recorded it on a chart. Staff gave these people fortified meals and for one person their appetite had improved.
- People were well protected from any environmental risks. The provider had completed regular audits and there was an ongoing programme of maintenance. We saw how safety gates had been fitted to the top and bottom of the stairs to reduce the risk of people falling on the stairs.
- Each person had an evacuation plan, which enabled them to be evacuated safely should the need arise. For example, in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative we spoke with said, "I have peace of mind, I know [name] is safe here."
- There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidentially.
- One staff member said, "I would tell the manager and they then contact the local authority, there are numbers to call, even at the weekend." Another staff member said, "I would report any concerns and if nothing is done I would go to the local authority directly." This meant the staff had the understanding of what to do to protect people from the risk of harm.

Preventing and controlling infection

- People were protected from the spread of infection. The home appeared clean and had a pleasant odour. There were cleaning schedules completed to confirm when areas had been cleaned.
- We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals.
- The kitchen and food preparation area were well maintained There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Learning lessons when things go wrong

- We saw that lessons had been learnt from events or incidents which had occurred at the home. For example, following a recent investigation, it was noted staff had not ensured the correct process was followed to alert a health care professional when someone's health had declined. We saw there was now a clear process in place and records were more detailed to show any changes to people's needs.
- Another example, was when a piece of equipment was requested by a health care professional. Staff had only recorded the name of the equipment. On researching the item, it appeared there were several models. Due to not obtaining the detailed information the wrong equipment was purchased. Once identified the correct equipment item was ordered. However, measures are now in place to ensure any required equipment is clearly detailed and were possible a picture reference provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At our last inspection in December 2017, we made a recommendation in relation to the provider following guidance on the implementation of the MCA 2005. At this inspection we found that the required improvements have been made.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out. We saw these considered the different decisions which people may need to make. For example, consent to their care and for the administration of medicine.
- Staff had received training and understood the importance of people having a choice. They also understood that at times people's capacity fluctuated. One staff member said "It can depend on mood or illness. Capacity can change, especially if someone is unwell with a urine infection."
- People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.

Staff support: induction, training, skills and experience

- At our last inspection in December 2017, we found that the service was not meeting the legal requirements in relation to the training of staff. At this inspection we found that the required improvements have been made.
- Staff told us they thought the training was effective and gave them enough information to carry out their duties safely. One staff member said, "We have lots of training."
- When new staff had commenced their role, we saw that they completed training and were supported by experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they enjoyed the food and drink. Comments like, "The food is good." And, "I enjoy the food."
- The home was supported by an experienced cook. They were enthusiastic and dedicated to ensuring that people received nutritious and healthy home cooked food. This included ensuring people's dietary needs were supported including allergies and health conditions such as diabetes.
- People had the opportunity to request different meals and be part of the menu planning.
- We observed the midday meal and saw that people's portion size was considered along with their preferences. Some people used specialist cutlery and crockery to enable them to remain independent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed when they moved into the home, the registered provider used a pre-assessment document to ensure that detailed information about the persons support needs were recorded.
- This included details about specific health conditions. Staff were able to share with us knowledge of people's specific needs

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health care was monitored. Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information to support this.
- People's care plans showed that they were regularly accessing medical professionals such as GP's, district nurses & community psychiatric nurses.
- Relationships had been developed with health and social care professionals. One said, "The staff work well with us and referrals are appropriate. They actively get GP's involved and they follow our guidance."

Adapting service, design, decoration to meet people's needs

- The home was undergoing some renovations. We saw the bathrooms had been refurbished. One bathroom contained a spa bath.
- The home had some dementia friendly signs to support people to locate different aspects of the home such as toilets and bathrooms.
- People had been able to personalise their rooms. Outside each room we saw a memory box had been created to aid the person to find their room. The boxes contained a photograph and a summary of the person's hobbies or employment history.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People told us staff were kind and compassionate. One person told us, "The staff are kind." Another said, "It's very good, the staff are nice to me." We saw that staff spoke to people with kindness and understanding.
- ☐ Relatives were welcome and we saw staff making them refreshments and discussing about the care for the person. Relatives also reflected about the staff, one relative said, "Staff are marvellous, all the staff are lovely and very caring, they always welcome me."
- ☐ Staff had established friendly and positive relationships with people. One staff member told us, "I love it here, we have time to spend with the people." Another said, "The people are wonderful, I wouldn't work anywhere else." We observed staff took the time to sit and chat with people.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were encouraged to express their wishes and staff were clear how to support people with their routines. One person said, "They give me a shower when I want one and make sure I have a choice of clothes."
- ☐ Information about how people could access an independent advocate was accessible through the registered manager making a referral. However currently all the people in the home received support from relatives.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated respectfully. Staff we spoke with were committed to providing the best possible care to people. When personal matters were discussed we observed staff whispered to the person to maintain confidentiality and privacy. One staff member told us, "If someone has food on them after a meal we change their clothes, that's important as it's about their dignity."
- ☐ People's care records were treated appropriately. We saw that staff used a hand-held device to record daily record information. Each unit was password protected and paper records were stored in a locked cabinet.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection in December 2017 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that care plans were up to date and included people's detailed information. At this inspection we found that the required improvements have been made.

- The provider had introduced hand-held devices which contained information about people's needs. These were also used to record up to date information after care had been provided or if someone's needs had changed. Staff we spoke with said they liked the new system and that it provided more up to date information.

- We reviewed the care plans and found they were person centred, containing comprehensive details about people's needs and wishes. A health care professional said, "If I have questions about people, staff can answer them, they know the people."

- People and relatives had been involved in the development of the care plans. One relative said "They involve me and keep me updated about any changes."

- We saw that before people commenced their care within the home a pre- assessment was completed. This enabled the provider to understand the person's needs and ensure they were able to meet them.

- Information was provided in different formats to support people's understanding.

- People were able to continue to receive spiritual support from visiting churches to the home. Some people had a private arrangement with their priest and this was supported. The registered manager recognised they needed to reflect people's equality needs within the care plans.

- We saw information was displayed in written form and for some information there was also a pictorial guide. The registered manager said they planned to expand this area further. This reflects an understanding of the Accessible Information Standard (AIS). The AIS is a law that requires provision to be made for people with a learning disability or sensory impairment to access the same information about their care as others, but in a way, that they can understand.

- The registered provider employed an activities coordinator to support people to engage in meaningful activities. We saw there was a programme of activities and during the inspection some people engaged in doing word searches. Other people enjoyed time in the communal lounges and staff spent time talking to them and discussing things of interest.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint. Relatives we spoke with expressed no concerns and felt if they had to raise anything that it would be dealt with swiftly. One relative said, "The managers are very good, I would tell them I wasn't happy and feel confident they would sort any issues."

- The provider had the processes in place to act on any complaints. There had been no complaints since our last inspection. Details of how to raise a complaint was usually displayed in the reception, however it had been removed following the refurbishments. The provider told us they would replace it immediately.

End of life care and support

- ☐ At the time of the inspection no one was receiving end of life care.
- ☐ There was a process in place to speak with people and ask them if they had any specific preferences. This could also include any equipment or anticipatory pain relief, to ensure the care they would receive was dignified and of their choice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ At our last inspection in December 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that audits had been used to drive improvements and that staff were supported with their roles. At this inspection we found that improvements have been made in relation to the support to staff. However some further improvements were required in relation to audits.
- ☐ An audit had been completed for the accidents and incidents for each month. However, the information recorded in the audit was not in line with information within the accident book. We also found some accidents which had occurred but an accident form had not been completed and therefore the details were not shown in the audit. This meant we could not be sure that the recording of accident and incidents would show any trends or areas of concern. The registered manager told us they would review their systems and recording methods.
- ☐ We reviewed the medicine audit. This had not identified any areas of concern when completed by the provider. However, we identified a stock error which should have been picked up by the audit. We asked the registered manager to investigate this audit ..
- ☐ We reviewed the training provided and found that some training had not been completed before some staff member commenced their role. To address this the provider had introduced a new training form which provided clearer identification when staff needed to review their training needs.
- ☐ The registered manager had introduced a daily 'mini' manager meeting form. This was to reflect any aspect of care or the environment. This was introduced on the 4 March 2019; however, no details had been completed since the 6 March 2019. This meant we could not be assured that all the initiatives were being used effectively. The registered manager told us they would be commencing these meetings going forward. We will review this and other aspects reflected in this domain at our next inspection.
- ☐ We saw other audits had been used and were more effective. The maintenance audit showed all the areas of the home and when they had been completed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ There was a registered manager at the home and they were aware of the requirements of their registration. The rating from our last inspection was displayed in the home. The registered manager had

sent us notifications when events or incidents had occurred; this is so that we can monitor the action that had been taken.

- People and relatives felt the home was well run. One relative said, "I think it's well run, [name] wouldn't be here if I felt otherwise." A health care professional said, "I think it's a well-run home and the manager is always available."
- The provider and registered manager had developed a staff team which reflected a clear vision and a strong set of values. Staff felt supported and the provider had regular team meetings to share information with staff. One staff member said, "I have supervisions and team meetings, I can raise any issues I have." This was the same sentiment expressed by all the staff we spoke with. One said, "The managers door is always open and if I am unsure about something they put me on the right track." And, "I think there have been lots of improvements since the last inspection and we all work well together, it's a great staff team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been encouraged and supported to feedback their views and these had been listened to.
- We saw that people had meetings about the home which were supported by the provider and the registered manager. At these meetings people were encouraged to contribute to the home. We saw in the minutes that when the home was replacing the carpet, the people were given samples to choose the colour. People had also contributed to the menu and the activities within the home.

Continuous learning and improving care

- The provider had processes in place to investigate incidents and events to drive improvements. For example, we saw that the introduction of the hand-held care plan system had made improvements.
- Staff felt the information was quick to refer to and that they were able to be more detailed in the tasks which they had completed. One staff member said, "It was difficult at first, but now it's quick and easy and the information is more detailed on the system and shared when we have the handover."

Working in partnership with others

- Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with who told us they worked well with the service.
- We saw that other partnership had been developed with the local church and people who provide entertainment to the people living at the home.